

NEW JERSEY HIV/AIDS REPORT

June 30, 2003



James E. McGreevey
Governor

Division of HIV/AIDS Services
...preventing disease with care



Clifton R. Lacy, M.D.,
Commissioner

Division of HIV/AIDS Services

...preventing disease with care

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Epidemiologic Studies
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Phone (609) 984-5940

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Questions? Contact New Jersey HIV/AIDS Hotline 1-800-624-2377

Highlights

- Nearly 31,000 people are reported living with HIV or AIDS in New Jersey, an increase of 674 (2.2%) over the past 6 months.
- The rate of ZDV use by HIV positive women giving birth continues to increase reducing perinatal transmission. (Page 9)
- The incarcerated population has a higher rate of infection than the general population. The Corrections Demonstration Project addresses this problem. (Pages 14-15)
- Minorities account for 75% of cumulative HIV/AIDS cases. (Page 6)
- Ninety percent of cumulative HIV/AIDS cases are between ages 20 and 49 years of age. (Page 7)
- The proportion of reported cases with HIV/AIDS cases whose mode of transmission is IDU is lower than in the past. (Page 8)
- About one in every three persons living with HIV or AIDS is a female. (Page 7)

Special Features

The centerfold MAP features a complete reporting of HIV/AIDS cases among adults and adolescents perinatal HIV infections and perinatal exposure by county.

A map of service locations is provided on page 19.

Copies of this report are available on the NJDHSS web site at www.state.nj.us/health. The web site also contains complete county reports.

Beginning with our next edition we will be e-mailing a link to this report to our subscribers with Internet access instead of sending a paper copy. Within the next month, you will receive a postage paid card to return indicating your e-mail address. If you do not have Internet access, indicate that on the card and we will continue sending the paper copy.



Look for these shoes to help you walk through the data!

MISSION STATEMENT



The Division of HIV/AIDS Services' mission is to prevent, treat, and control the spread of HIV/AIDS. In keeping with this mission DHAS shall monitor the epidemic, and assure through our resources that individuals who are at risk or infected with HIV/AIDS have access to culturally competent, community-based networks that provide quality prevention, education, and care services.

Introduction

The purpose of this report is to provide data that can be used for monitoring the epidemic and the planning of services and prevention activities. All data in this report are based on cases that were reported to the Division of HIV/AIDS Services (DHAS) through June 30, 2003. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDHSS web site at www.state.nj.us/health. If you would prefer to receive this report by e-mail contact us at aids@doh.state.nj.us and we will e-mail you the link to the report.

What can I find in this report?

Epidemiology

Adult/Adolescent cumulative AIDS cases in each age group, in each racial/ethnic group and mode of transmission by gender for the most recent year as well as cumulatively.

These data include all cases whether living or deceased. They **do not** include individuals who are HIV cases, but not AIDS cases. These are presented because nationally the only data available for comparison are AIDS cases.

Adult/Adolescent cumulative HIV and AIDS cases in each age group, in each racial/ethnic group and mode of transmission by gender for the most recent year as well as cumulatively.

These tables show not only AIDS cases, but also HIV cases whether living or deceased. These are important because many individuals are infected with HIV but do not have illnesses or conditions that would count as AIDS cases. As new therapies become available a larger percentage of cases will remain HIV for longer periods of time before becoming AIDS. Looking at both HIV and AIDS provides a more complete picture of the history of infection in the State than does data about AIDS alone.

Persons *living* with HIV or AIDS for each gender by age group, in each racial/ethnic group, and mode of transmission.

These data show where the epidemic is now and where services are most needed.

Cases Diagnosed While Incarcerated

These data show the cases for individuals diagnosed while incarcerated. Data on the gender, mode of transmission, and age at diagnosis are included.

Special Epidemiologic Studies

Results from special prevalence studies of childbearing women are presented.

Prevention Efforts

Health Education/Risk Reduction Activities

Data on the number of clients served in DHAS' Health Education/Risk Reduction activities are presented.

Care And Treatment Efforts

Data on clients receiving HIV/AIDS care and treatment through state monitored programs are shown.

Also presented are data on counseling and testing collected from over 300 sites throughout the State.

Data from the Corrections Demonstration Project are presented.

What won't this report tell me?

Due to delays between diagnosis of HIV or AIDS and reporting to the DHAS, many cases diagnosed in 2002 and 2003 may not be in this report. It is also important to note that individuals who are infected, but not tested and diagnosed, are not included in these reports. It is estimated that undiagnosed and unreported cases comprise approximately one-third of all estimated infections. (Janssen R. et al, AJPH, Vol. 91, No. 7, Page 1019, July 2001) Therefore, a true incidence rate cannot be obtained from this data.

RACE/ETHNICITY DATA

**Table 1. New Jersey Adult/Adolescent Cases Reported as AIDS July 2002 - June 2003 (1)
and Cumulative AIDS Cases as of June 30, 2003
Racial/Ethnic Group by Gender**

	MALE				FEMALE				TOTAL				Percentage
Adults/ Adolescents (2)	Jul. 2002- Jun. 2003		Cumulative Total		Jul. 2002- Jun. 2003		Cumulative Total		Jul. 2002- Jun. 2003		Cumulative Total		of Cumulative Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
White	246	24%	9,444	30%	64	14%	2,366	19%	310	21%	11,810	27%	20%
Black	520	51%	16,632	52%	308	68%	8,357	66%	828	56%	24,989	56%	33%
Hispanic	230	23%	5,610	18%	80	18%	1,827	14%	310	21%	7,437	17%	25%
Asian/Pac. Isl.	8	1%	129	0%	2	0%	46	0%	10	1%	175	0%	26%
Other/Unknown	7	1%	73	0%	1	0%	21	0%	8	1%	94	0%	22%
Total	1,011	100%	31,888	100%	455	100%	12,617	100%	1,466	100%	44,505	100%	28%

(1) Includes every new report of AIDS received during the 12-month period, regardless of prior HIV reporting status.

(2) Includes all patients 13 years of age or older at time of AIDS diagnosis.

**Table 2. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2002 - June 2003 (1)
and Cumulative Totals as of June 30, 2003
Racial/Ethnic Group by Gender**

Adults/ Adolescents (1)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jul. 2002- Jun. 2003		Cumulative Total		Jul. 2002- Jun. 2003		Cumulative Total		Jul. 2002- Jun. 2003		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
White	356	24%	11,699	28%	119	17%	3,411	18%	475	21%	15,110	25%	23%
Black	775	51%	21,890	52%	467	65%	12,247	65%	1,242	56%	34,137	56%	36%
Hispanic	339	23%	7,701	18%	121	17%	2,873	15%	460	21%	10,574	17%	27%
Asian/Pac. Isl.	13	1%	193	0%	3	0%	74	0%	16	1%	267	0%	28%
Other/Unknown	22	1%	257	1%	8	1%	108	1%	30	1%	365	1%	30%
Total	1,505	100%	41,740	100%	718	100%	18,713	100%	2,223	100%	60,453	100%	31%

(1) Includes every new report of HIV infection received during the 12-month period, regardless of stage of disease (HIV or AIDS) at time of first report.

(2) Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnoses were not included.

**Table 3. New Jersey Residents Living with HIV/AIDS
as of June 30, 2003
Racial/Ethnic Group by Gender**

Race/Ethnicity							Percentage of Prevalent Cases Who Are Female
	MALE		FEMALE		TOTAL		
	No.	(%)	No.	(%)	No.	(%)	
White	4,885	25%	1,895	17%	6,780	22%	28%
Black	10,135	51%	6,970	63%	17,105	56%	41%
Hispanic	4,414	22%	1,950	18%	6,364	21%	31%
Asian/Pac. Isl.	130	1%	54	0%	184	1%	29%
Other/Unknown	206	1%	108	1%	314	1%	34%
Total	19,770	100%	10,977	100%	30,747	100%	36%



Minorities account for
75% of cumulative
HIV/AIDS cases
and this disparity
is growing.

Table 4. New Jersey Adult/Adolescent Cases Reported as AIDS July 2002 - June 2003 (1)
and Cumulative Totals as of June 30, 2003
Age at Diagnosis by Gender

Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jul. 2002- Jun. 2003		Cumulative Total		Jul. 2002- Jun. 2003		Cumulative Total		Jul. 2002- Jun. 2003		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	4	0%	124	0%	6	1%	87	1%	10	1%	211	0%	41%
20-29	70	7%	3,882	12%	44	10%	2,227	18%	114	8%	6,109	14%	36%
30-39	335	33%	14,189	44%	147	32%	6,055	48%	482	33%	20,244	45%	30%
40-49	387	38%	9,848	31%	170	37%	3,118	25%	557	38%	12,966	29%	24%
Over 49	215	21%	3,845	12%	88	19%	1,130	9%	303	21%	4,975	11%	23%
Total	1,011	100%	31,888	100%	455	100%	12,617	100%	1,466	100%	44,505	100%	28%

(1) Includes every new report of AIDS received during the 12-month period, regardless of prior HIV reporting status

Table 5. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2002 - June 2003 (1)
and Cumulative Totals as of June 30, 2003
Age at Diagnosis by Gender

Known Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jul. 2002-Jun. 2003		Cumulative Total		Jul. 2002-Jun. 2003		Cumulative Total		Jul. 2002-Jun. 2003		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	22	1%	299	1%	20	3%	402	2%	42	2%	701	1%	57%
20-29	190	13%	7,012	17%	146	20%	4,723	25%	336	15%	11,735	19%	40%
30-39	533	35%	18,730	45%	231	32%	8,486	45%	764	34%	27,216	45%	31%
40-49	499	33%	11,359	27%	213	30%	3,710	20%	712	32%	15,069	25%	25%
Over 49	261	17%	4,340	10%	108	15%	1,392	7%	369	17%	5,732	9%	24%
Total	1,505	100%	41,740	100%	718	100%	18,713	100%	2,223	100%	60,453	100%	31%

(1) Includes every new report of HIV infection received during the 12-month period, regardless of stage of disease (HIV or AIDS) at time of first report.

Table 6. New Jersey Residents Living with HIV/AIDS
as of June 30, 2003
Current Age by Gender

Current Age	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
0-12	197	1%	224	2%	421	1%	53%
13-19	149	1%	145	1%	294	1%	49%
20-29	752	4%	788	7%	1,540	5%	51%
30-39	4,998	25%	3,451	31%	8,449	27%	41%
40-49	8,598	43%	4,446	41%	13,044	42%	34%
Over 49	5,076	26%	1,923	18%	6,999	23%	27%
Total	19,770	100%	10,977	100%	30,747	100%	36%



Recently reported cases of HIV and AIDS are older at diagnosis than previously reported cases.

Most adults living with HIV or AIDS are 40 and over years of age.

About 1 in every 3 persons living with HIV or AIDS are female.

MODE OF TRANSMISSION DATA

Table 7. New Jersey Adult/Adolescent (1) Cases Reported as AIDS July 2002-June 2003 (2)
and Cumulative Totals as of June 30, 2003
Mode of Transmission by Gender

Mode of Transmission (3)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jul. 2002-Jun. 2003		Cumulative Total		Jul. 2002-Jun. 2003		Cumulative Total		Jul. 2002-Jun. 2003		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	283	28%	8,958	28%	0	0%	0	0%	283	19%	8,958	20%	0%
IDU (4)	254	25%	14,418	45%	113	25%	5,825	46%	367	25%	20,243	45%	29%
MSM/IDU	15	1%	1,646	5%	0	0%	0	0%	15	1%	1,646	4%	0%
Hemophilia	3	0%	179	1%	0	0%	3	0%	3	0%	182	0%	2%
Heterosexual	135	13%	2,267	7%	179	39%	4,363	35%	314	21%	6,630	15%	66%
Transfusion	10	1%	259	1%	9	2%	279	2%	19	1%	538	1%	52%
Other/Unknown	311	31%	4,161	13%	154	34%	2,147	17%	465	32%	6,308	14%	34%
Total	1,011	100%	31,888	100%	455	100%	12,617	100%	1,466	100%	44,505	100%	28%

(1) Includes all patients 13 years of age or older at time of diagnosis.

(2) Includes every new report of AIDS received during the 12-month period, regardless of prior HIV reporting status.

(3) Cases with more than one risk factor, other than the combinations listed in the tables, are tabulated only in the group listed first.

(4) MSM = Men sex with Men. IDU = Injection drug use.

Table 8. New Jersey Adult/Adolescent (1) HIV/AIDS Cases Reported July 2002-June 2003 (2)
and Cumulative Totals as of June 30, 2003
Mode of Transmission by Gender

Mode of Transmission (3)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jul. 2002-Jun. 2003		Cumulative Total		Jul. 2002-Jun. 2003		Cumulative Total		Jul. 2002-Jun. 2003		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	471	31%	11,436	27%	0	0%	0	0%	471	21%	11,436	19%	0%
IDU (4)	272	18%	17,806	43%	140	19%	7,856	42%	412	19%	25,662	42%	31%
MSM/IDU	22	1%	2,014	5%	0	0%	0	0%	22	1%	2,014	3%	0%
Hemophilia	3	0%	210	1%	0	0%	3	0%	3	0%	213	0%	1%
Heterosexual	199	13%	3,310	8%	268	37%	6,566	35%	467	21%	9,876	16%	66%
Transfusion	10	1%	297	1%	12	2%	340	2%	22	1%	637	1%	53%
Other/Unknown	528	35%	6,667	16%	298	42%	3,948	21%	826	37%	10,615	18%	37%
Total	1 505	100%	41 740	100%	718	100%	18 713	100%	2 223	100%	60 453	100%	31%

(1) Includes all patients 13 years of age or older at time of diagnosis. Patients with missing specific age at diagnoses were not included.

(2) Includes every new report of HIV infection received during the 12-month period, regardless of stage of disease (HIV or AIDS) at time of first report.

(3) Cases with more than one risk factor, other than the combinations listed in the tables, are tabulated only in the group listed first.

(4) MSM = Men sex with Men. IDU = Injection drug use.

Table 9. New Jersey Residents Living with HIV or AIDS
as of June 30, 2003
Mode of Transmission by Gender

Mode of Transmission (1)	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
MSM (2)	5,453	28%	0	0%	5,453	18%	0%
IDU (2)	6,505	33%	3,520	32%	10,025	33%	35%
MSM/IDU	828	4%	0	0%	828	3%	0%
Adult Hemophilia	71	0%	2	0%	73	0%	3%
Heterosexual	2,072	10%	4,098	37%	6,170	20%	66%
Adult Transfusion	96	0%	148	1%	244	1%	61%
Pediatric Modes	342	2%	354	3%	696	2%	51%
Other/Unknown	4,403	22%	2,855	26%	7,258	24%	39%
Total	19,770	100%	10,977	100%	30,747	100%	36%

(1) Cases with more than one risk factor, other than the combinations listed in the tables, are tabulated only in the group listed first.

(2) MSM = Men sex with Men. IDU = Injection drug use.



The proportion of reported cases with HIV or AIDS whose mode of transmission is IDU is lower than in the past.

Of those living, 1 in 3 acquired infection through IDU; 1 in 5 through heterosexual contact; almost 1 in 5 through men having sex with men; and 1 in 4 didn't report any risk.

Survey of Childbearing Women (SCBW)

Leftover blood from routine newborn disease screening is tested anonymously for HIV each year from July through September yielding a prevalence rate among childbearing women. This provides an actual rate of infection for mothers of babies tested during these months and an estimated rate of perinatal exposure. The results of this study are shown in Figure 1 and Table 10.

Figure 1. HIV Prevalence among New Jersey Resident Childbearing Women 1988-2002

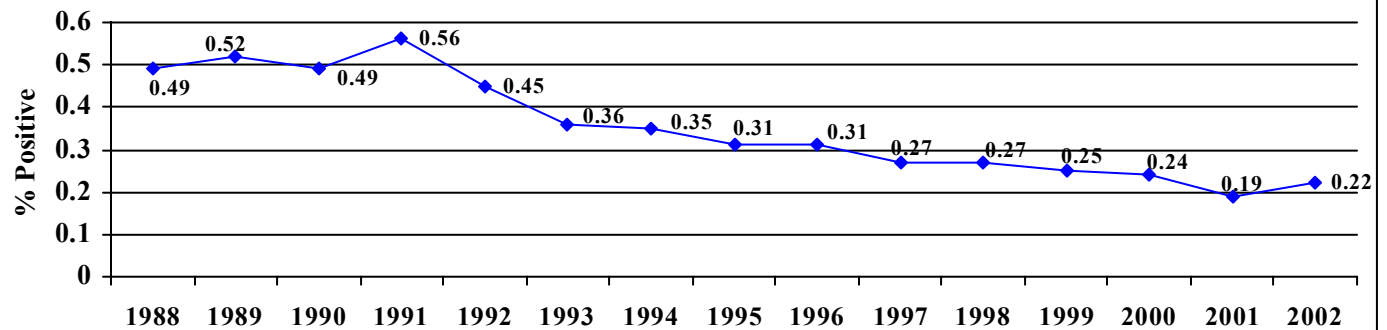


Table 10. HIV Prevalence among New Jersey Resident Childbearing Women 1991-2002

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Age Group												
	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+
<30	0.62	0.5	0.37	0.39	0.38	0.3	0.26	0.28	0.29	0.21	0.16	0.25
>=30	0.43	0.38	0.31	0.3	0.21	0.33	0.28	0.25	0.21	0.25	0.2	0.19
Race/Ethnicity												
White	0.11	0.12	0.11	0.09	0.08	0.05	0.07	0.07	0.06	0.08	0.06	0.08
African American	1.88	1.6	1.28	1.29	1.18	1.38	0.95	0.89	0.88	0.88	0.86	0.74
Hispanic	0.84	0.56	0.35	0.32	0.28	0.27	0.42	0.42	0.35	0.25	0.1	0.22
Total Tested	29,459	29,085	29,075	27,891	28,117	28,026	27,782	28,780	28,709	29,483	28,606	28,704
Total N HIV+	164	132	104	98	86	87	74	78	72	70	53	62
Total % HIV+	0.56	0.45	0.36	0.35	0.31	0.31	0.27	0.27	0.25	0.24	0.19	0.22

Beginning in 1994 specimens from the SCBW that tested positive for HIV were tested for the presence of Zidovudine (ZDV). In 1994 the National Institute of Health released research findings showing that ZDV taken during pregnancy and by the exposed baby during the first 6 months of life reduces perinatal transmission from 25% to 8%. As can be seen in Table 11 the use of ZDV has increased dramatically since that announcement. Surveillance data show that perinatal transmission has been reduced to fewer than 5% for 2002.

Table 11. Percentage Testing Positive for ZDV Use among New Jersey Resident HIV+ Childbearing Women 1994-2002

YEAR	TOTAL BIRTHS REPORTED	HIV+	TESTED FOR ZDV	ZDV+	% ZDV+
94	27,892	98	98	13	13.27
95	28,120	86	86	41	47.67
96	28,025	87	87	50	57.47
97	27,782	74	73	51	69.86
98	28,780	78	77	50	64.94
99	28,709	72	70	42	60.00
2000	29,483	70	NA	NA	NA
2001	28,606	53	53	39	73.58
2002	28,704	62	61	54	88.52

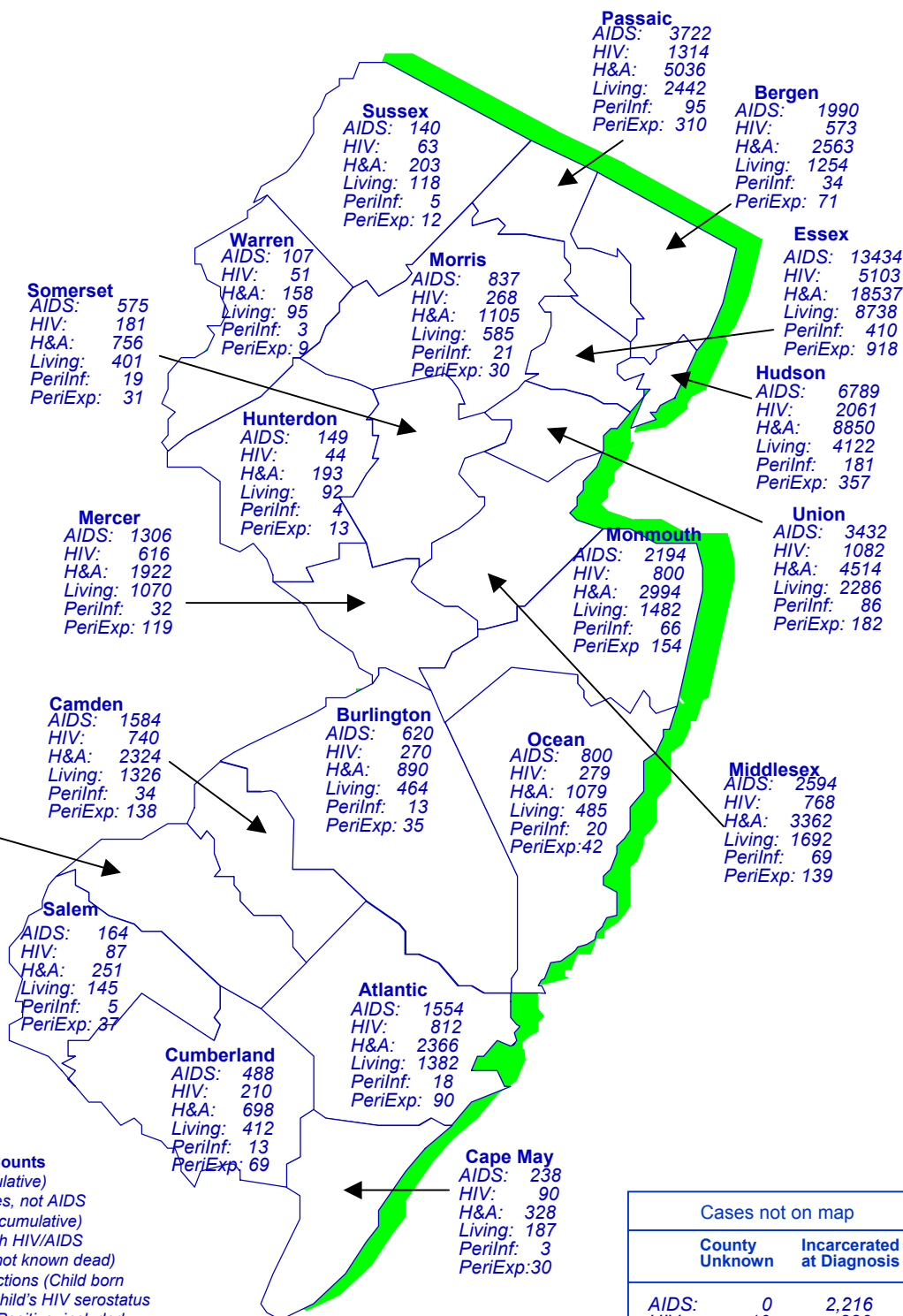


African-American women account for majority of the infections.

Increased use of ZDV is associated with reduced perinatal transmission.

CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF JUNE 30, 2003

Statewide Summary Case Counts	
AIDS:	45,256
HIV:	16,442
H&A:	61,698
Living:	30,747
PerInf:	1,136
PeriExp:	2,804



Legend for Summary Case Counts

- AIDS = AIDS cases (cumulative)
- HIV = HIV Positive Cases, not AIDS
- H&A = HIV/AIDS Cases (cumulative)
- Living = Persons Living with HIV/AIDS (HIV/AIDS cases not known dead)
- PerInf = Perinatal HIV Infections (Child born to HIV+ mother, child's HIV serostatus is confirmed HIV Positive; included in HIV/AIDS case counts)
- PeriExp = Perinatal HIV Exposures (Child born to HIV+ mother, child's HIV serostatus is negative or indeterminate; NOT included in HIV/AIDS case counts)

Cases not on map		
County	Unknown	Incarcerated at Diagnosis
AIDS:	0	2,216
HIV:	10	886
H&A:	10	3,102
Living:	10	1,708
PerInf:	0	0
PeriExp:	4	0

Incarcerated Persons

The incarcerated population presents a particular public health challenge with respect to HIV and AIDS. Anonymous unlinked surveys of admissions to the State Prisons in New Jersey showed that the actual prevalence rate of infections among new inmates in 1999 was 4.1% (Hall, Cross, Farrell, and Paul, 2001), well above the estimate for the general population. Not all of these infections are identified. Figures 2-5 below show the characteristics of cases reported to the State who were diagnosed while incarcerated.

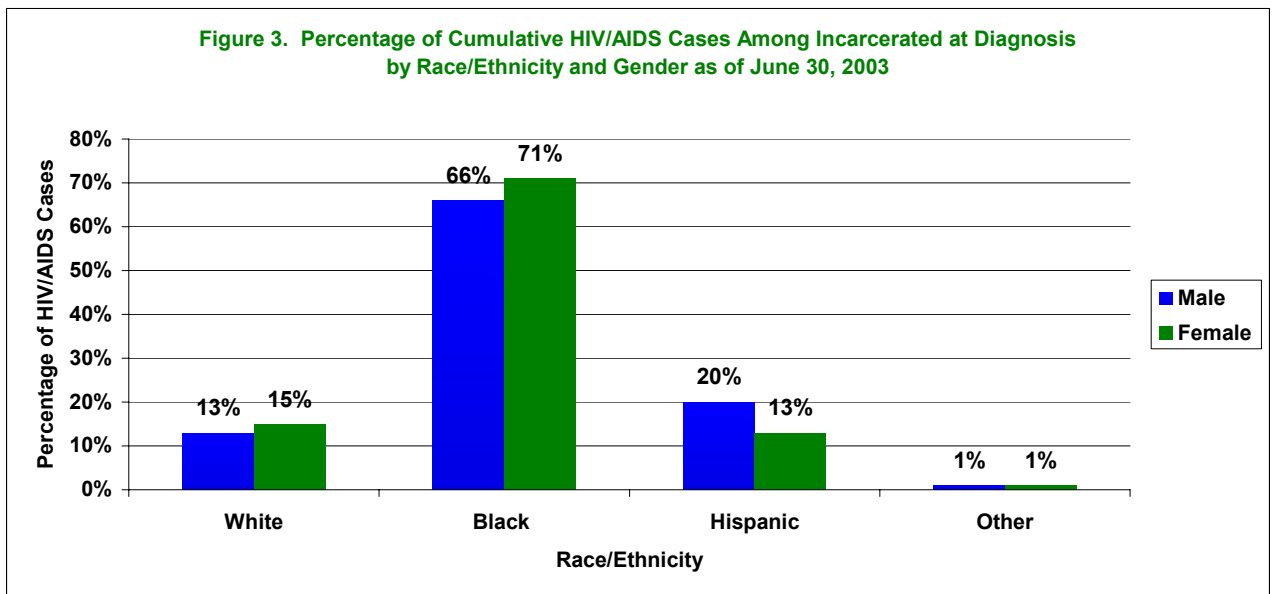
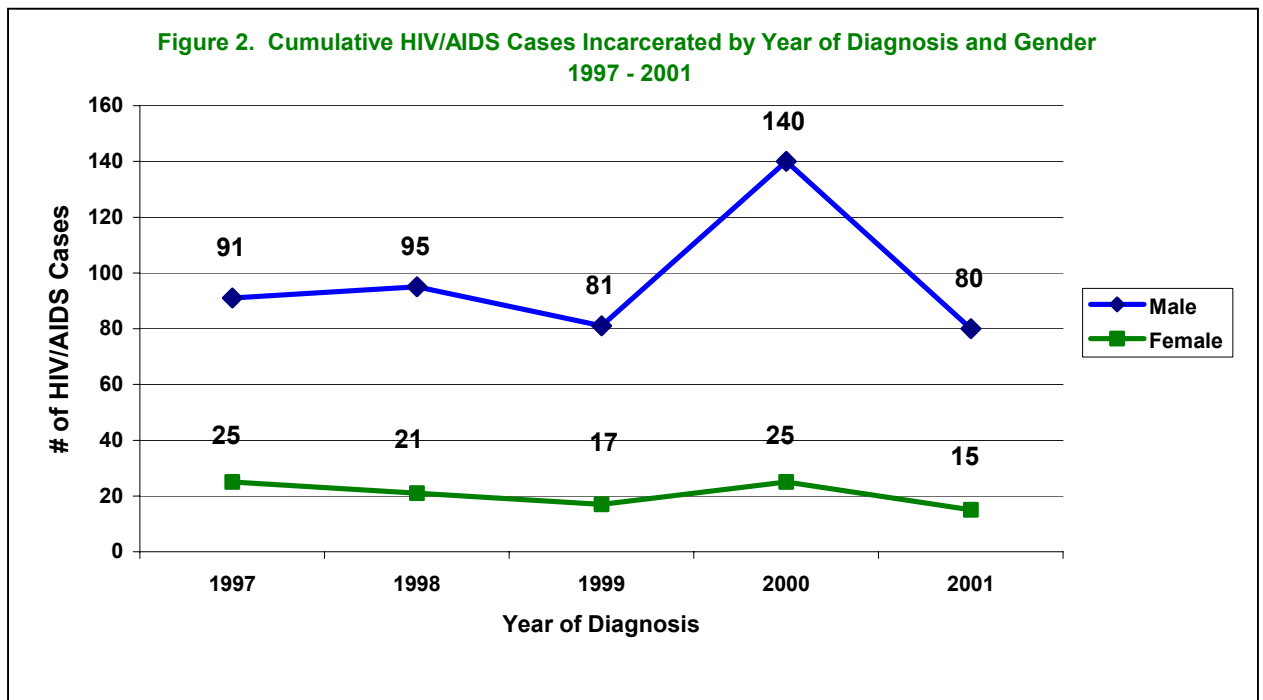


Figure 4. Percentage of Cumulative HIV/AIDS Among Incarcerated at Diagnosis by Major Mode of Transmission and Gender as of June 30, 2003

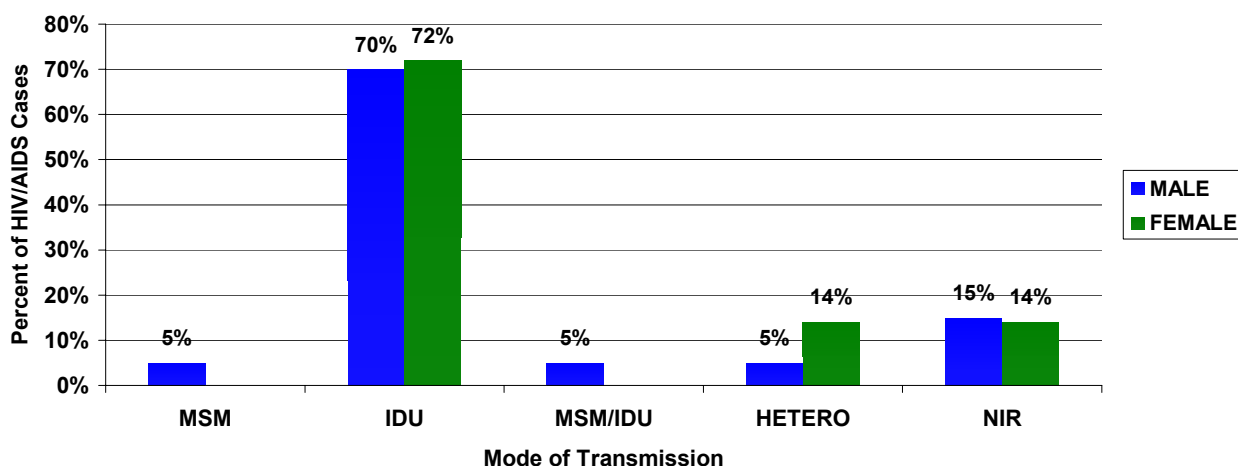
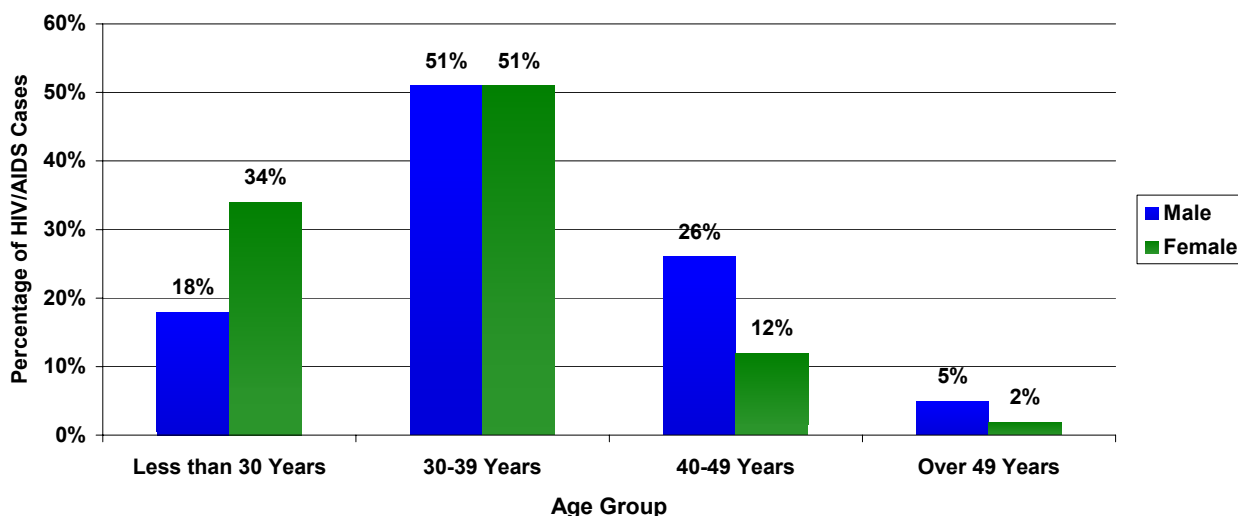


Figure 5. Percentage of Cumulative HIV/AIDS Cases Among Incarcerated at Diagnosis by Age Group and Gender as of June 30, 2003



As Figure 3 shows minorities are most affected. As HIV-infected inmates are released back into the community, their infection becomes a community problem in a population already disproportionately affected. Many incarcerated individuals are substance abusers. As can be seen in Figure 4 a significant proportion of individuals reported infected with HIV or AIDS while incarcerated are injecting drug users. This too presents a community problem when the HIV-infected inmates are released into the community. Many inmates have difficulty making the transition between the correctional setting and the community. Discharge planning for HIV-infected inmates is critical in order to facilitate the linkage to health and community-based resources for HIV care and treatment (Institute of Medicine, 2001). In response to this need the DHAS has conducted a Corrections Demonstration Project. This project is described on the following pages.

Corrections Demonstration Project

The Corrections Demonstration Project (CDP) for Incarcerated Individuals in Correctional Settings and in the Community provides a variety of services to identify HIV infected incarcerated individuals, enroll them into institutional-based HIV services and maintain participation in the systems of care and treatment in the community upon release. Eight community-based organizations have been contracted to conduct the CDP at 13 correctional institutions. They are as follows.

Community Based Organization

VNA of Central Jersey Foundation
AIDS Coalition of Southern New Jersey
New Jersey Association on Correction

North Jersey AIDS Alliance
Hyacinth AIDS Foundation

South Jersey AIDS Alliance

University of Medicine and Dentistry/
Division of Adolescent & Young
Adult Medicine (DAYAM)
Henry J. Austin Health Center

Correctional Institution

Monmouth County Jail
Riverfront State Prison
Talbot Hall Treatment Facility
Mid-State Correctional Facility
Central Reception Assignment Facility
Northern State Prison
Edna Mahon State Prison for Women
East Jersey State Prison
South Woods State Prison
Southern State Prison
Bayside State Prison
NJ Training School for Boys

Albert "Bo" Robinson Treatment Facility

New Jersey is one of seven states selected by the Centers for Disease Control (CDC) to provide this Corrections Demonstration Project (CDP). Both the New Jersey Department of Corrections (NJDOC) and the Juvenile Justice Commission (JJC) have provided full cooperation for this project.

Services for incarcerated individuals include health education/risk reduction sessions; the provision of peer education training; the availability of HIV counseling and testing and medical services. Pre-release discharge planning and intensive community case management services provide linkages to housing assistance, employment, substance abuse and mental health treatment and medical assistance. A process is also available to locate clients who when released to their community do not remain in care services.

The upcoming fiscal year represents the fifth and final year of this demonstration. Funding sources include the CDC as well as prevention dollars, the State of New Jersey and the federal Health Resources and Services Administration (HRSA). These funding sources have augmented and allowed the expansion of project services.

Table 12. Activities of the Corrections Demonstration Project July 2000- June 2003

Correctional Facility	Active Case Management Clients		Previously Closed Cases		Total Clients	HIV Testing	
	HIV+	HIV-	HIV+	HIV-	Served	Tested	New HIV+
Monmouth County Jail	17	1	93	3	114	770	9
Edna Mahon State Prison for Women	55	3	127	25	210	557	5
New Jersey Training School for Boys	3	41	1	40	85	0	0
Rivefront State Prison	43	17	46	149	255	940	21
Talbot Hall Treatment Facility	62	1	72	73	208	1713	9
Northern State Prison	46	16	69	68	199	788	16
South Wood State Prison	82	0	112	0	194	1006	16
East Jersey State Prison	11	0	23	7	41	61	2
Southern State Prison	25	0	44	0	69	345	10
Bayside State Prison	24	0	73	0	97	410	7
Albert Bo Robinson Treatment Facility	7	2	0	1	10	111	0
Mid State Correctional Facility	20	0	5	5	30	266	2
TOTAL	395	81	665	371	1512	6967	97

Table 13. Description of Clients in Active Case Management Clients as of June 2003*

			HIV status			
			positive		negative	
Categories	N	%	N	%	N	%
Overall	403	100%	366	91%	37	9%
Gender						
Male	345	86%	311	90%	34	10%
Female	58	14%	55	95%	3	5%
Race						
White	44	11%	40	91%	4	9%
Black	256	64%	234	91%	22	9%
Hispanic	95	23%	86	91%	9	9%
Others	8	2%	6	75%	2	25%
Age group						
13-19	1	0%	1	100%	0	0%
20-29	23	6%	16	70%	7	30%
30-39	127	31%	110	87%	17	13%
40-49	194	49%	182	94%	12	6%
Over 49	54	13%	53	98%	1	2%
Unknown	4	1%	4	100%	0	0%

* Does not include the Monmouth County Jail and the NJ Training School for Boys (Juvenile) facility.

Care and Treatment Services

The goal of the Care and Treatment Services Unit is to develop and maintain an integrated network of care and treatment services for low-income persons with HIV/AIDS. Responsibilities of this unit include policy development; planning; data analysis/evaluation; and oversight and/or direct provision of comprehensive care in the areas of medical, housing and support services.

Federal funding through the Health Resources and Services Administration's Ryan White CARE Act (RWCA) Title II, the Department of Housing and Urban Development (HUD) and the Centers for Disease Control and Prevention (CDC) are combined with state funding to support the unit's activities. Approximately, 80 million dollars are awarded to agencies through an estimated 160 Health Service Grants, 15 Letters of Agreement, and 6 Memoranda of Agreement.

The following tables represent a brief summary of the services provided by the unit's major components. This summary does not include services provided by directly funded federal programs such as Ryan White Titles I and III. *

Table 14. Care and Treatment Services

Program	Funding Source	Type of Service	Clients Served Per Year
AIDS Drug Distribution Program	Ryan White Title II	medications	6,478
HIV Homecare Program	Ryan White Title II	home health	139
Insurance Continuation Program	Ryan White Title II	health insurance premiums	307
Consortia & Emerging Communities	Ryan White Title II	medical and support	4,197
Minority AIDS Initiative	Ryan White Title II	medical and support	284
Special Initiatives	Ryan White Title I	outreach and support	734
Early Intervention Programs	State	medical and dental	8,987
Corrections Initiative	CDC	discharge planning in state facilities	582
Housing Opportunities for Persons with AIDS	HUD	tenant-based rental assistance	319

*Note: Title I - The part of the Ryan White CARE Act that provides emergency assistance to localities disproportionately affected by the HIV/AIDS epidemic.

Title II - The part of the Ryan White CARE Act that provides funds to States and territories for primary health care including HIV treatments through the AIDS Drug Assistance Program, (ADAP) and support services that enhance access to care to persons living with HIV/AIDS (PLWHA) and their families.

Title III - The part of the Ryan White CARE Act that supports outpatient primary medical care and early intervention services (EIS) to PLWHA through grants to public and private non-profit organizations. Title III also funds capacity development and planning grants to prepare programs to provide EIS services.

HIV COUNSELING AND TESTING

Publicly funded HIV counseling and testing is offered at over 300 sites throughout New Jersey. Each year approximately 66,000 tests are done. (1) The table below details the number of tests done and the number and percentage positive for each site type, age group, race/ethnicity, and sex. Clients identified through this system account for approximately 25% of all reported HIV cases in a year.

Table 15. PUBLICLY FUNDED HIV COUNSELING AND TESTING ACTIVITIES			
January - June 2003			
SITE TYPE	NUMBER OF TESTS	NUMBER POSITIVE	PERCENT POSITIVE
HIV CTS (2)	5,266	125	2.37%
STD Clinic	6,070	65	1.07%
Drug Treatment Center	4,608	99	2.15%
Family Planning Clinic	4,398	11	0.25%
Prenatal Clinic	2,471	11	0.45%
TB Clinic	126	4	3.17%
Community Health Center	3,467	91	2.62%
Prison/Jail	2,530	25	0.99%
Hospital	622	31	4.98%
Field Visit/Outreach	4,301	91	2.12%
Other	1,026	20	1.95%
Unknown	29	0	0.00%
SEX			
Male	16,509	338	2.05%
Female	18,352	234	1.28%
Unknown	53	1	1.89%
RACE/ETHNICITY			
White not Hispanic	8,505	50	0.59%
Black not Hispanic	15,726	406	2.58%
Hispanic	9,305	103	1.11%
Other	1,308	14	1.07%
Undetermined	20	0	0.00%
Missing	50	0	0.00%
AGE			
Under 5	9	0	0.00%
5-12	28	0	0.00%
13-19	4,740	14	0.30%
20-29	13,165	77	0.58%
30-39	8,994	203	2.26%
40-49	5,752	212	3.69%
50+	2,149	67	3.12%
Unknown	77	0	0.00%
TOTAL	34,914	573	1.64%

1. Numbers do not represent individuals as clients may be tested more than once.

2. HIV CTS sites are clinics whose primary purpose is HIV counseling and testing.

Fifteen of the HIV CTS sites test confidentially and anonymously.




PREVENTION AND EDUCATION UNIT

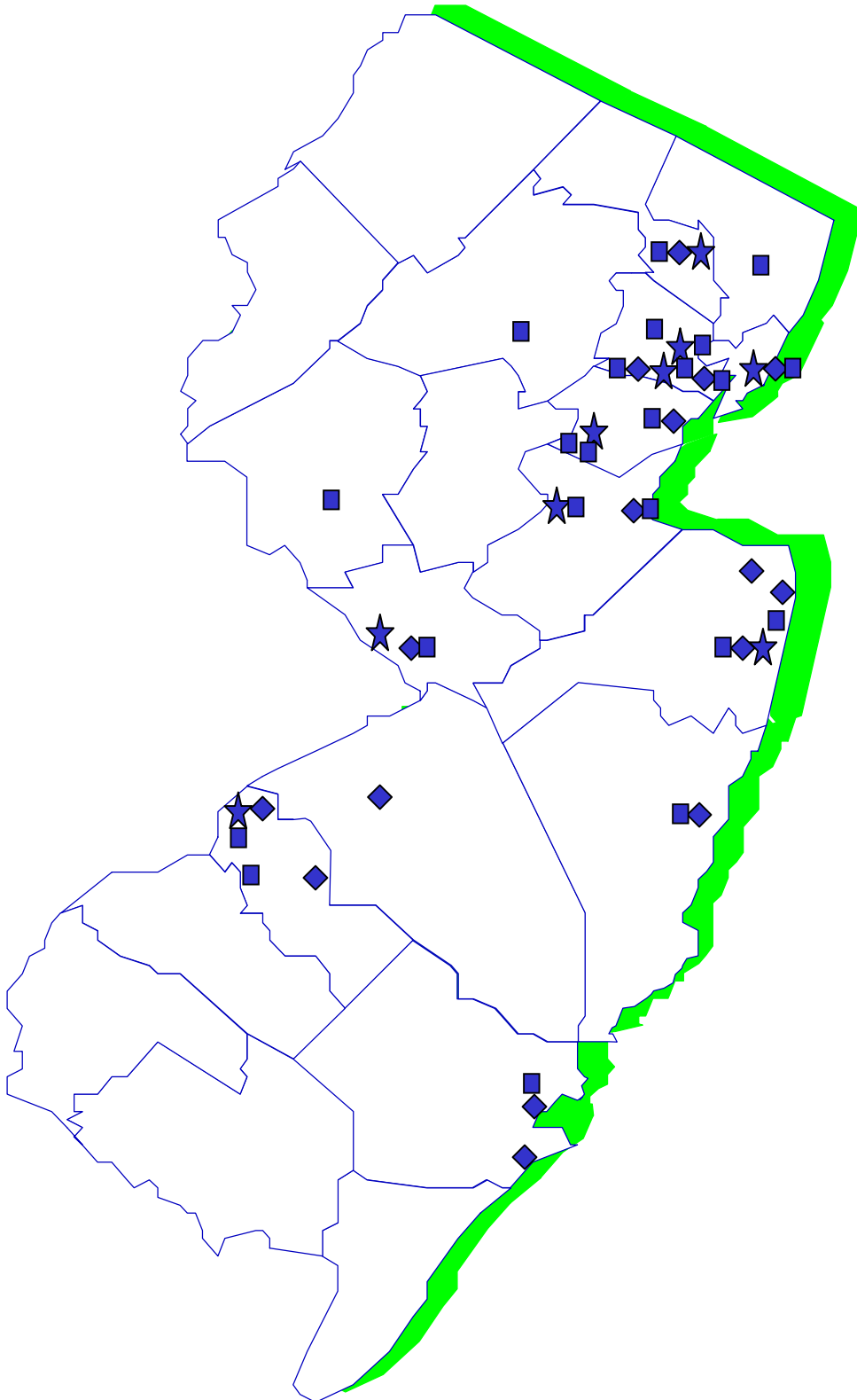
The Prevention and Education unit (PAE) is responsible for planning, establishing, developing, and monitoring community-based HIV prevention projects that use street/community outreach, health education/risk reduction (HE/RR) interventions, HIV prevention case management (PCM) and community-level interventions to reduce high-risk behavior among injection drug users (IDU) and their sex partners, men who have sex with men (MSM), at-risk heterosexual men and women, and youth. In response to trends and shifts in the epidemic, the PAE unit provides a number of targeted special initiatives including: Perinatal Prevention, Faith, Drop-in Center, Patient Incentive Programs for IDUs (PIP), Health Incentive Programs for Women (HIP4W), and Prevention with Positives. The PAE unit is responsible for statewide provision of HIV-related training for HIV antibody test counselors, health educators, PCM counselors, and other service providers. Staff provides on-going technical assistance to community-based HIV prevention projects, information via the NJ AIDS/STD Hotline (1-800-624-2377), and free printed materials.

The table below provides a summary of the PAE unit's statewide prevention interventions between January and June 2003. **Individual Outreach** is an educational intervention generally conducted by peer or paraprofessional educators on a face-to-face basis with high-risk individuals within the neighborhoods or other areas in which they congregate. Outreach offers a variety of resources such as providing condoms; bleach kits, and educational material to those at risk of HIV due to substance use with special efforts targeting HIV positive clients. **HE/RR** is provided to individuals or groups to assist them with the information and skills needed to sustain behavior change and risk reduction. All interventions are intended to facilitate linkages to services in clinic and community settings that support behaviors to prevent transmission of HIV and help clients make plans to obtain these services. Prevention Case Management (**PCM**) is a client-centered HIV prevention intervention that combines HE/RR and traditional case management providing intensive, ongoing and individualized prevention counseling, support, and service coordination.

Table 16. Summary of Major HIV/AIDS Prevention Interventions Funded Agencies and Client Numbers by Target Population (January 1 – June 30, 2003)					
Type of Intervention	Populations Targeted/Reached				
Individual Outreach	MSM	IDU	Heterosexual		Youth
			Males	Females	
Agencies involved	16	12	24	25	25
Clients contacted	1401	247	3675	4317	3310
Multi-Session Prevention Services (HE/RR, PCM)	MSM	IDU	Heterosexual		Youth
			Males	Females	
Agencies involved	13	13	22	24	20
Clients contacted	145	107	559	1397	717

Map of Services

-  HIV Counseling and Testing Site (HIV CTS site type only)
-  HIV Treatment Center (Title II funded only)
-  Pediatric Network Site



Please Note

We've Changed Our Name!!

In order to more accurately reflect the mission of our division we have changed our name to the

DIVISION OF HIV/AIDS SERVICES (DHAS)